| Please responsible FOR IFW FIL.  Please review the IFW applications         | nd to this request for a certi<br>E <b>S:</b><br>the requested changes/co  | CofC mailroom date: 215  |
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| TO SPE OF SUBJECT  Please respone FOR IFW FIL  Please review the IFW applic | Request for Certificate of Corrections  Indicate of Corrections  The total control of the contro | CofC mailroom date: 2 15 ficate of correction within 7 days.   |
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| meaning of th   | cation image. No new matt<br>e claims be changed.  | rrections as shown in the <b>COCIN</b> document(s) in er should be introduced, nor should the scope or |
|   | ete the response (see belownt code COCX.   | w) and forward the completed response to scanning  |
| FOR PAPER   | FILES:   | •  |
|   |  | rrections as shown in the attached certificate of ee below) and forward it with the file to:           |
| Palm L  | ph Square – 9D10-A<br>ocation 7580   | Certificates of Correction Branch 703-756-1571   |
| Thank You F   | or Your Assistance   |  |
| •   | for issuing the above-ider<br>n the appropriate box.   | ntified correction(s) is hereby:   |
|   | Approved   | All changes apply.   |
|   | Approved in Part   | Specify below which changes do not apply.  |
|   |  |  |
| · 🔾   | Denied   | State the reasons for denial below.  |